

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 AUG 21 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002590 AB

DOCUMENT # **B93000000257**

1. Entity Name

FLEISHER ASSOCIATES, LTD.



Principal Place of Business 15 CYNWYD ROAD BALA-CYNWYD PA 19004	Mailing Address 15 CYNWYD ROAD BALA-CYNWYD PA 19004
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

DUE BY SEPTEMBER 25, 2002

4. FEI Number 23-2446431	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARLOWE, RONALD J ESQ.
15TH FLOOR, COURTHOUSE CENTER
175 NW FIRST AVENUE
MIAMI FL 33128-1835

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date. 400,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--	---

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	FLEISHER, ALLAN H
STREET ADDRESS	15 CYNWYD ROAD
CITY-ST-ZIP	BALA-CYNWYD PA 19004
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400007316344--2
CITY-ST-ZIP	-08/23/02--01065--005 ***385.00 ***385.00
STREET ADDRESS	400007316344--2
CITY-ST-ZIP	-08/23/02--01065--006 ***550.00 ***550.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Allan H Fleisher* **NOTARIZATION REQUIRED** 7/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/02)